Fill in this infor	mation to identify your	case:				
Debtor 1	Marco Antonio He	enry Middle Name	Last Name			
Debtor 2	Elizabeth Arraiz-F		Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	OF MICHIGAN			
Case number (if known)	16-51736-mlo				Check if	f this is an
	orm 106Sum of Your Assets a	and Liabilities ar	nd Certain Statistical I	nformation	12	2/15
Be as complete a	and accurate as possib out all of your schedule	le. If two married people es first; then complete the	e are filing together, both are equ he information on this form. If you k the box at the top of this page.	ally responsible for		
Part 1: Summ	narize Your Assets					
					Your ass	sets what you own
	A/B: Property (Official Fo				\$	225,000

Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,048.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	16,070.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	16,070.00

	is information to	identify	your case and th	is filing	j :				
Debtor 1	Marce	o Anton	io Henry						
D 1 / 0	First Nar		Middle	Name	Last Name				
Debtor 2 (Spouse, if f			aiz-Henry Middle	Name	Last Name				
United St	States Bankruptcy (Court for	he: EASTERN	DISTRI	CT OF MICHIGAN				
Case nur	mber <u>16-51736</u>	-mlo							Check if this is an amended filing
Officia	al Form 10	6A/B							
	edule A/E		operty						12/15
think it fits informatio	s best. Be as comp	lete and a	ccurate as possible	e. If two	only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages	equally resp	onsible for su	pplyir	g correct
Part 1: D	Describe Each Resid	dence, Bu	ilding, Land, or Otl	ner Real	Estate You Own or Have an Interest In				
1. Do you	own or have any le	gal or equ	itable interest in a	ny resid	lence, building, land, or similar property?				
□ No. (Go to Part 2.								
Yes.	. Where is the prope	rty?							
1.1 375	599 Rvan Road			What	is the property? Check all that apply				
	37599 Ryan Road Street address, if available, or other description		ription	■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative		Do not deduct secured claims or exemption the amount of any secured claims on Schell Creditors Who Have Claims Secured by P		ns on Schedule D:	
				_	Manufactured or mobile home				
_	erling Heights	MI	48310-0000		Land	Current va entire prop			rent value of the tion you own?
Ste		State	ZIP Code		Investment property	\$22	25,000.00	_	\$225,000.00
City									
					Timeshare Other	(such as fe	ee simple, tena		vnership interest by the entireties, or
				Who	Other has an interest in the property? Check one	(such as fe a life estat	ee simple, tena e), if known.	ancy b	by the entireties, or
City	comb				Other has an interest in the property? Check one Debtor 1 only	(such as fe a life estat	ee simple, tena	ancy b	by the entireties, or
City				Who	Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	(such as fe a life estat Fee Sim	ee simple, tende), if known. ple/Sole Ov	wner	by the entireties, or
City				Who	Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	(such as fea a life estate Fee Sim Check (see inst	ee simple, tende), if known. ple/Sole Over the complete of th	wner	by the entireties, or
City				Who	Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iter	(such as fea a life estate Fee Sim Check (see inst	ee simple, tende), if known. ple/Sole Over the complete of th	wner	by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor Debtor		larco Antonio Henry lizabeth Arraiz-Henry		Case number (if known)	16-51736-mlo
3. Cars	s, vans,	trucks, tractors, sport utility vel	nicles, motorcycles		
ПΝ	0				
Y	es				
	Make: Dodge Model: Grand Caravan		Who has an interest in the property? Check one Debtor 1 only	the amount of any Creditors Who Har	ured claims or exemptions. Put secured claims on <i>Schedule D:</i> ve Claims Secured by Property.
		2008 nate mileage: 140000 ormation:	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of t entire property?	the Current value of the portion you own?
			☐ Check if this is community property (see instructions)	\$2,000	\$2,000.00
	Make: Model:	Ford Focus	Who has an interest in the property? Check one ■ Debtor 1 only	the amount of any	ured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property.
		2003 nate mileage: 120000 ormation:	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of t entire property?	the Current value of the portion you own?
			☐ Check if this is community property (see instructions)	\$1,000	\$1,000.00
	d the do		n for all of your entries from Part 2, includin hat number here		\$3,000.00
	_			l	
		be Your Personal and Household Ite or have any legal or equitable int	ems erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Exa	amples: I No	goods and furnishings Major appliances, furniture, linens,	china, kitchenware		
	es. De	scribe			
		Household Goo	ds and Furnishings		\$3,500.00
Exa	, No	Televisions and radios; audio, vide including cell phones, cameras, m	eo, stereo, and digital equipment; computers, p edia players, games	rinters, scanners; music co	ollections; electronic devices
■ \	es. De	scribe TV, Stereo, Com	puter. Printer		\$1,500.00
		, , , , , , , , , , , , , , , , , , , ,	. ,		
. Coll	ectibles	s of value			

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

	ebtor 1 ebtor 2	Marco Anton Elizabeth Arr		Case number (if known)	16-51736-mlo
	☐ Yes.	Describe			
9.	Example ☐ No	ent for sports an les: Sports, photog musical instru Describe	graphic, exercise, and other hobby equipment; bicycles, pool tab	oles, golf clubs, skis; canoes a	and kayaks; carpentry tools;
			Treadmill, Treadclimber, Elliptical, Weights		\$300.00
10	■ No		, shotguns, ammunition, and related equipment		
11	□ No		othes, furs, leather coats, designer wear, shoes, accessories		
			Clothes		\$300.00
12	. Jewelr	·		<u> </u>	
12	Examp		velry, costume jewelry, engagement rings, wedding rings, heirlod	om jewelry, watches, gems, g	old, silver
			Misc Jewelry, Watch		\$200.00
	Examp ■ No □ Yes. Any oth ■ No	rm animals bles: Dogs, cats, b Describe her personal and	d household items you did not already list, including any he	alth aids you did not list	
15			of all of your entries from Part 3, including any entries for panumber here	nges you have attached	\$5,800.00
P	art 4: Des	scribe Your Financ	cial Assets		
D	o you ow	vn or have any le	egal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16	□ No		nave in your wallet, in your home, in a safe deposit box, and on h	nand when you file your petition	on
				Cash	\$20.00
17			avings, or other financial accounts; certificates of deposit; shares f you have multiple accounts with the same institution, list each.		ouses, and other similar

Official Form 106A/B

Schedule A/B: Property

Debtor 1 Debtor 2	Marco Antonio Elizabeth Arra				Case number (if known)	16-51736-mlo
■ Yes.				Institution name:		
		17.1.	Checking	Chase Account		\$400.00
		17.2.	Checking	Bank of America		\$80.00
		17.3.	Checking	Ally Bank		\$30.02
		17.4.	Checking	USAA		\$170.00
Exam No □ Yes. 9. Non-p joint v		• vestme	ent accounts with the last transfer of transfer of the last transfer of transfer	prokerage firms, money market accounter name:		t in an LLC, partnership, and
□ No ■ Yes.	Give specific inform	Mar As Me \$3, \$10 Lia	ne of entity: rco Antonio Ph sets - (Chase A rcedes Benz S- 500.00, Camera 0,000.00TOTA bilities Include	notography, LLC account-\$5,000.00, 2002 4500 (147000 miles) Value a Equipment and props - AL Value = 18,500.00 s (American Express Line of ad US Bank Unsecured Line of	% of ownership:	
		TO	TAL Liability -\$ bilities exceed	41,649.00	%	\$0.00
		As: (\$2 Val TO Lia Ph	,000.00 balance lue of \$500.00) TAL assets 2,5	on Software \$399.00, Premium 25.00		\$0.00
Negot Non-r ■ No	<i>tiable instrument</i> s in	clude p ts are	personal checks, c those you cannot t	gotiable and non-negotiable instrun ashiers' checks, promissory notes, an transfer to someone by signing or deliv	d money orders.	
		Issu	uer name:			
21. Retire Exam ■ No	ment or pension ac ples: Interests in IR	Count A, ERIS	ss SA, Keogh, 401(k),	, 403(b), thrift savings accounts, or oth	ner pension or profit-sharing	plans
☐ Yes.	List each account s	•	ely. of account:	Institution name:		

	otor 1 otor 2	Marco Antor Elizabeth Ar				Case number (if known)	16-51736-mlo	
	Your sh Exampl		d deposits you hav	e made so that you may cor paid rent, public utilities (ele			nies, or others	
	■ No □ Yes			Institution	name or individual:			
_	_	es (A contract fo	or a periodic payme	nt of money to you, either fo	r life or for a number	r of years)		
	■ No □ Yes	Is	suer name and des	cription.				
2			on IRA, in an acco 529A(b), and 529(b	unt in a qualified ABLE pro	ogram, or under a o	qualified state tuition pro	ogram.	
	Yes	In	stitution name and	description. Separately file t	ne records of any inf	terests.11 U.S.C. § 521(c):	:	
	_	equitable or fu	ture interests in p	roperty (other than anythir	ng listed in line 1), a	and rights or powers exe	ercisable for your benefit	
	■ No □ Yes. (Give specific inf	ormation about the	m				
_			•	ecrets, and other intellect es, proceeds from royalties a		nents		
		Give specific info	ormation about the	m				
_			and other general mits, exclusive lice	intangibles nses, cooperative associatio	n holdings, liquor lic	enses, professional licens	ses	
	☐ Yes. (Give specific inf	ormation about the	m				
Moi	ney or p	roperty owed t	o you?				Current value of the portion you own? Do not deduct secured claims or exemptions.	I
ı	No	unds owed to y						
L	」Yes. €	Sive specific info	rmation about ther	n, including whether you alre	ady filed the returns	s and the tax years		
_		support les: Past due or	lump sum alimony	spousal support, child supp	ort, maintenance, di	vorce settlement, property	settlement	
	☐ Yes. €	Give specific info	ormation					
	Exampl		es, disability insura	nce payments, disability ber de to someone else	efits, sick pay, vaca	tion pay, workers' compe	nsation, Social Security	
_	■ No □ Yes. (Give specific inf	ormation					
		s in insurance les: Health, disa	•	nce; health savings account	HSA); credit, homed	owner's, or renter's insurar	nce	
	Yes. N	Name the insura	nce company of ea Company na	ch policy and list its value. me:	Benefi	ciary:	Surrender or refund value:	
			Trans Pren	nier Term Life Insurance	Marco	o Henry	\$1.0	00
			Trans Pren Policy	nier Term Life Insurance		beth Henry	\$1.0	00
								_

Debtor 1 Debtor 2	Marco Antonio Henry Elizabeth Arraiz-Henry	Case number (if known)	16-51736-mlo
		, ,	
If you a someon	erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policy, or are has died.	e currently entitled to rece	eive property because
☐ Yes.	Give specific information		
Examp ■ No	against third parties, whether or not you have filed a lawsuit or made a demand les: Accidents, employment disputes, insurance claims, or rights to sue	d for payment	
☐ Yes.	Describe each claim		
■ No	ontingent and unliquidated claims of every nature, including counterclaims of	the debtor and rights to	set off claims
⊔ Yes.	Describe each claim		
-	ancial assets you did not already list		
■ No □ Yes.	Give specific information		
	ne dollar value of all of your entries from Part 4, including any entries for pages rt 4. Write that number here		\$702.02
Part 5: Des	cribe Any Business-Related Property You Own or Have an Interest In. List any real estate	in Part 1.	
37. Do you o	wn or have any legal or equitable interest in any business-related property?		
No. Go	to Part 6.		
☐ Yes. G	o to line 38.		
	cribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In ou own or have an interest in farmland, list it in Part 1.	n.	
46. Do you	own or have any legal or equitable interest in any farm- or commercial fishing-	related property?	
■ No.	Go to Part 7.		
☐ Yes.	Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above		
	have other property of any kind you did not already list? les: Season tickets, country club membership		
■ No	Sive enecific information		
⊔ Yes. (Give specific information		
54. Add tl	ne dollar value of all of your entries from Part 7. Write that number here		\$0.00

Case number (if known) 16-51736-mlo

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$225,000.00
56.	Part 2: Total vehicles, line 5	\$3,000.00		_
57.	Part 3: Total personal and household items, line 15	\$5,800.00		
58.	Part 4: Total financial assets, line 36	\$702.02		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$9,502.02	Copy personal property total	\$9,502.02
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$234,502.02

Fill in this inform	mation to identify your			
Debtor 1	Marco Antonio H	enry		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number	16-51736-mlo			
(if known)	10 011 00 11110			☐ Check if this is an amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
D€	ebtor 1 Exemptions 2008 Dodge Grand Caravan 140000 miles	\$2,000.00	•	\$2,000.00	11 U.S.C. § 522(d)(2)					
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit						
	2003 Ford Focus 120000 miles Line from Schedule A/B: 3.2	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(5)					
				100% of fair market value, up to any applicable statutory limit						
	Household Goods and Furnishings Line from Schedule A/B: 6.1	\$3,500.00		\$1,750.00	11 U.S.C. § 522(d)(3)					
	Ellie Holli Osificadio 702. GT			100% of fair market value, up to any applicable statutory limit						
	TV, Stereo, Computer, Printer Line from Schedule A/B: 7.1	\$1,500.00		\$750.00	11 U.S.C. § 522(d)(3)					
	Ellie IIolii osiilodale 7VD. TTI			100% of fair market value, up to any applicable statutory limit						
	Treadmill, Treadclimber, Elliptical, Weights	\$300.00		\$150.00	11 U.S.C. § 522(d)(5)					
	Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit						

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 4

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Clothes Line from Schedule A/B: 11.1	\$300.00		\$150.00	11 U.S.C. § 522(d)(3)
	Elle Holli Genedale AVE. TTT			100% of fair market value, up to any applicable statutory limit	
	Misc Jewelry, Watch Line from Schedule A/B: 12.1	\$200.00		\$100.00	11 U.S.C. § 522(d)(4)
	2.1.0 110.11 08.1100.010 7.12 1.12 1.			100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$20.00		\$10.00	11 U.S.C. § 522(d)(5)
	Zino nom osmodalo 702. Terr			100% of fair market value, up to any applicable statutory limit	
	Checking: Chase Account Line from Schedule A/B: 17.1	\$400.00		\$200.00	11 U.S.C. § 522(d)(5)
	Zino nom osmodalo 702.			100% of fair market value, up to any applicable statutory limit	
	Checking: Ally Bank Line from Schedule A/B: 17.3	\$30.02		\$15.01	11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	
	Checking: USAA Line from Schedule A/B: 17.4	\$170.00		\$85.00	11 U.S.C. § 522(d)(5)
	Ellie IIolii osilodale 702.			100% of fair market value, up to any applicable statutory limit	
	Trans Premier Term Life Insurance	\$1.00	•	\$1.00	11 U.S.C. § 522(d)(7)
	Beneficiary: Elizabeth Henry Line from Schedule A/B: 31.2			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			ed on or after the date of adjustme	nt.)
	■ No				
	Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case	?
	☐ Yes				

Fill in this info	ormation to identify your	case:		
Debtor 1				
	First Name	Middle Name	Last Name	
Debtor 2	Elizabeth Arraiz-l	Henry		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States I	Sankruptcy Court for the:	EASTERN DISTRICT C	OF MICHIGAN	
Case number	16-51736-mlo			
(if known)				☐ Check if this is amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming	? Check one only, ever	n if yo	ur spouse is filing with you.	
	☐ You are claiming state and federal nonban	kruptcy exemptions. 1	1 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
De	ebtor 2 Exemptions Household Goods and Furnishings Line from Schedule A/B: 6.1	\$3,500.00	•	\$1,750.00	11 U.S.C. § 522(d)(3)
	Zine nem esinedale i v Zi.			100% of fair market value, up to any applicable statutory limit	
	TV, Stereo, Computer, Printer Line from Schedule A/B: 7.1	\$1,500.00		\$750.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	Treadmill, Treadclimber, Elliptical, Weights	\$300.00		\$150.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
	Clothes Line from Schedule A/B: 11.1	\$300.00		\$150.00	11 U.S.C. § 522(d)(3)
Elle Holli Goricdale AV.B. 1111		1		100% of fair market value, up to any applicable statutory limit	
	Misc Jewelry, Watch Line from Schedule A/B: 12.1	\$200.00		\$100.00	11 U.S.C. § 522(d)(4)
				100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 4

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Cash Line from Schedule A/B: 16.1	\$20.00		\$10.00	11 U.S.C. § 522(d)(5)
ı	Line Holli Scriedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Chase Account Line from Schedule A/B: 17.1	\$400.00		\$200.00	11 U.S.C. § 522(d)(5)
	Ellie IIolii Genedale AVE. 1111			100% of fair market value, up to any applicable statutory limit	
	Checking: Bank of America Line from Schedule A/B: 17.2	\$80.00		\$80.00	11 U.S.C. § 522(d)(5)
	Line Holli Schedule A/B. 1112			100% of fair market value, up to any applicable statutory limit	
	Checking: Ally Bank	\$30.02		\$15.01	11 U.S.C. § 522(d)(5)
	Line Holli Schedule A/B. 11.3			100% of fair market value, up to any applicable statutory limit	
	Checking: USAA Line from Schedule A/B: 17.4	\$170.00		\$85.00	11 U.S.C. § 522(d)(5)
	Line Holli Schedule A/B. 1114			100% of fair market value, up to any applicable statutory limit	
	Trans Premier Term Life Insurance Beneficiary: Marco Henry	\$1.00		\$1.00	11 U.S.C. § 522(d)(7)
	Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No			led on or after the date of adjustme	nt.)
ı	Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

Fill in this inform	ation to identify you	r case:			
Debtor 1	Marco Antonio I	Henry Middle Name Last Name			
Debtor 2	Elizabeth Arraiz				
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Ban	kruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN			
Case number 10	6-51736-mlo				
(if known)	0-31730-11110			☐ Check	if this is an
				amend	led filing
Official Form	106D				
		Who Have Claims Secure	ed by Propert	y	12/15
		f two married people are filing together, both are out, number the entries, and attach it to this form.			
, ,	nave claims secured by	your property?			
☐ No. Check	this box and submit th	his form to the court with your other schedules.	You have nothing else to	o report on this form.	
_	all of the information I	•	ŭ	•	
	Secured Claims				
		nore than one secured claim, list the creditor separate	Column A	Column B	Column C
for each claim. If mo	re than one creditor has	a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Macomb C	•	Describe the property that secures the claim:	\$0.00	\$0.00	\$0.00
Creditor's Name	S Office	NOTICE ONLY			
1 South Ma	ain Street				
2nd Floor	MI	As of the date you file, the claim is: Check all that			
Mount Cler 48043-2312		apply.			
	City, State & Zip Code	☐ Contingent ☐ Unliquidated			
	,	☐ Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or s car loan)	secured		
Debtor 2 only	otan O amb	Statutory lien (such as tax lien, mechanic's lien)			
■ Debtor 1 and Deb	e debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this cla		☐ Other (including a right to offset)			
community deb					
Date debt was incur	rred	Last 4 digits of account number			
2.2 Seterus Inc	.	Describe the property that secures the claim:	\$249,079.00	\$225,000.00	\$0.00
Creditor's Name		37599 Ryan Road Sterling Heights,			
		MI 48310 Macomb County			
14523 Sw I	Millikan Way St	As of the date you file, the claim is: Check all that			
Beaverton,		apply. Contingent			
	City, State & Zip Code	☐ Unliquidated			
		Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or s car loan)	secured		
Debtor 2 only	otor 2 only				
Debtor 1 and Deb	otor 2 only e debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this cla		☐ Other (including a right to offset)			
community deb		. 3 3			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debto	r1 M a	irco Ant	onio Henry			Case number (if know)	16-517	′36-mlo	
	First	Name	Middle N	ame Last Name					
Debto	r 2 Eli	zabeth	Arraiz-Henry						
	First	Name	Middle N	ame Last Name					
Date d	ebt was	incurred	Opened 05/04 Last Active 12/28/15	Last 4 digits of account number	7665				
2.3	Specia	lized Lo	an Servi	Describe the property that secures the cla	aim:	\$21,336.00	\$225	,000.00	\$21,336.00
(Creditor's N	Name		37599 Ryan Road Sterling Heigh MI 48310 Macomb County	ts,				
ĺ		ucent B nds Rar	lvd Ste 300 nch, CO	As of the date you file, the claim is: Check apply. Contingent	all that				
1	Number, S	treet, City, S	tate & Zip Code	☐ Unliquidated ☐ Disputed					
Who d	wes the	e debt? C	heck one.	Nature of lien. Check all that apply.					
	otor 1 onl	-		☐ An agreement you made (such as mortgated car loan)	ige or se	ecured			
_		d Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic	's lion)				
			tors and another	☐ Judgment lien from a lawsuit	S 11011)				
☐ Ch		s claim re	lates to a	Other (including a right to offset)					
Date d	ebt was	incurred	Opened 07/04 Last Active 7/12/16	Last 4 digits of account number	1201				
ام ۸	المام الما		i varre amteina in C	aluman A an this mane. Write that number has		\$270,4	15.00		
			=	olumn A on this page. Write that number he the dollar value totals from all pages.	яe.				
		mber here		the donar value totals from all pages.		\$270,4	15.00		
Dart 2	l ist	Others t	o Re Notified fo	r a Debt That You Already Listed					
				•					
trying than o	to collec	t from you	u for a debt you o	e notified about your bankruptcy for a debt we to someone else, list the creditor in Par you listed in Part 1, list the additional cred is page.	t 1, and	then list the collection a	agency here. S	Similarly, if y	ou have more
	Schne	iderma	reet, City, State & 3 n & Sherman,			ich line in Part 1 did you		or? <u>2.2</u>	
	Suite 3		ills, MI 48335		Last 4	digits of account number	_		

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill	in this inforr	nation to identify your case:					
Deb	otor 1	Marco Antonio Henry					
			dle Name Last Nam	Э			
	otor 2	Elizabeth Arraiz-Henry					
(Spo	use if, filing)	First Name Midd	dle Name Last Nam	Э			
Uni	ted States Ba	nkruptcy Court for the: EASTER	RN DISTRICT OF MICHIGAN				
Cas	se number	16-51736-mlo					
(if kn	own)		<u> </u>			_	if this is an ed filing
							C
Off	icial Forn	n 106E/F					
Sc	hedule E	:/F: Creditors Who Ha	ve Unsecured Claim	S			12/15
Sche left. /	edule D: Credit Attach the Cor	tory Contracts and Unexpired Leases ors Who Have Claims Secured by Pro trinuation Page to this page. If you ha nber (if known).	pperty. If more space is needed, co	py the Part	you need, fill it out,	number the entries in	n the boxes on the
Par	t 1: List A	II of Your PRIORITY Unsecured (Claims				
1.	Do any credito	ors have priority unsecured claims ag	ainst you?				
	☐ No. Go to F	Part 2.					
	Yes.						
	identify what ty possible, list th	r priority unsecured claims. If a credite pe of claim it is. If a claim has both prior e claims in alphabetical order according than one creditor holds a particular clair	ity and nonpriority amounts, list that of to the creditor's name. If you have m	claim here a	nd show both priority a	nd nonpriority amount	ts. As much as
	(For an explana	ation of each type of claim, see the instr	uctions for this form in the instruction	booklet.)			
					Total claim	Priority amount	Nonpriority amount
2.1		Revenue Service	Last 4 digits of account number	9338	\$7,704.00	\$7,704.00	\$0.00
	,	editor's Name Decial Precedures	When was the debt incurred?	2014			
		330500, Stop 15		2017		-	
	Detroit,	MI 48232					
		treet City State Zlp Code d the debt? Check one.	As of the date you file, the claim	is: Check a	all that apply		
			☐ Contingent				
	Debtor 1 o	·	☐ Unliquidated				
	Debtor 2 o	only	☐ Disputed				
	Debtor 1 a	and Debtor 2 only	Type of PRIORITY unsecured cla	ıim:			
	At least or	ne of the debtors and another	☐ Domestic support obligations				
	☐ Check if t	his claim is for a community debt	■ Taxes and certain other debts y	ou owe the	government		
		subject to offset?	Claims for death or personal in				
	■ No		☐ Other. Specify				
	☐ Yes		Income Ta	xes			

Debt	tor 2 Elizabeth Arraiz-Henry		Case r	number (if know)	16-51736-ml	0	
2.2	State of Michigan Dept of Treasury	Last 4 digits of account number	9338	\$8,366.00	\$8,366	.00	\$0.00
	Priority Creditor's Name Bankruptcy Unit PO Box 30168	When was the debt incurred?	2014				
	Lansing, MI 48909						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check al	I that apply			
	_	☐ Contingent					
	Debtor 1 only	☐ Unliquidated					
	Debtor 2 only	☐ Disputed					
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:				
	\square At least one of the debtors and another	☐ Domestic support obligations					
	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the	government			
	Is the claim subject to offset?	Claims for death or personal inj	ury while you	u were intoxicated			
	No	Other. Specify					
	Yes	Sales tax					
[Oo any creditors have nonpriority unsecured claim ☐ No. You have nothing to report in this part. Submit ☐ Yes.	as against you? this form to the court with your other s		ach claim. If a gradit	or has more than		ity
3. [Oo any creditors have nonpriority unsecured claim ☐ No. You have nothing to report in this part. Submit	as against you? this form to the court with your other so the court with your other so the creditor of the creditor laim. For each claim listed, identify when the creditor with the creditor of the creditor with the creditor of the credit	vho holds e	aim it is. Do not list cla	aims already includations fill out the C	ded in Part 1	. If more
3. [4. L t F	Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2.	this form to the court with your other statements alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to	vho holds e at type of cl nan three no	aim it is. Do not list cla enpriority unsecured c	aims already includations fill out the C	ded in Part 1 ontinuation P	. If more Page of
3. [4. L t F	Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	as against you? this form to the court with your other so the court with your other so the creditor of the creditor laim. For each claim listed, identify when the creditor with the creditor of the creditor with the creditor of the credit	vho holds e at type of cl nan three no er 2383	aim it is. Do not list cla enpriority unsecured c	aims already includations fill out the C	ded in Part 1 ontinuation P	. If more
3. [4. L t F	Oo any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2. Amex Nonpriority Creditor's Name Po Box 297871	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to	who holds eat type of claran three not easy 2383 Oper	aim it is. Do not list cland it is. Do not list cland it is considered to the constant of the constant is constant in the constant is constant in the constant in the constant is constant in the constant in	aims already includations fill out the C	ded in Part 1 ontinuation P	. If more Page of
3. [Oo any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2. Amex Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number Street City State Zlp Code	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to the creditors in Part 4 digits of account numb	who holds eat type of claran three not easy 2383 Oper	aim it is. Do not list cland it is. Do not list cland it is considered to the constant of the constant is constant in the constant is constant in the constant in the constant is constant in the constant in	aims already includations fill out the C	ded in Part 1 ontinuation P	. If more Page of
3. [4. L t F	Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other cart 2. Amex Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one.	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.lf you have more to Last 4 digits of account numb. When was the debt incurred? As of the date you file, the claim.	who holds eat type of claran three no ear 2383 Oper	aim it is. Do not list cland it is. Do not list cland it is considered to the constant of the constant is constant in the constant is constant in the constant in the constant is constant in the constant in	aims already includations fill out the C	ded in Part 1 ontinuation P	. If more Page of
3. [4. L t F	Do any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit and Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2. Amex Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to the Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent	who holds eat type of claran three no ear 2383 Oper	aim it is. Do not list cland it is. Do not list cland it is considered to the constant of the constant is constant in the constant is constant in the constant in the constant is constant in the constant in	aims already includations fill out the C	ded in Part 1 ontinuation P	. If more Page of
3. [4. L t F	Amex Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 2 only Debtor 2 only	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to Last 4 digits of account numb When was the debt incurred? As of the date you file, the claim Contingent Unliquidated	who holds e at type of cl nan three no er 2383 Oper m is: Check	aim it is. Do not list cland it is. Do not list cland it is considered to the constant of the constant is constant in the constant is constant in the constant in the constant is constant in the constant in	aims already includations fill out the C	ded in Part 1 ontinuation P	. If more Page of
3. [4. L t F	Amex Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 4. If you have more to be c	who holds eat type of clanar three no claim:	aim it is. Do not list clanpriority unsecured conpriority unsecured conpendent of the control of	aims already inclu laims fill out the C	ded in Part 1 ontinuation P	. If more Page of
3. [4. L t F	Amex Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to creditors in Part 4.If you have more to creditors in Part 4.If you have more to creditors in Part 3.If you have more to creditors in Part 4.If you have more to creditors in Part 3.If you have more to creditors in Part 4.If you have more to creditor	who holds at type of claim three not another 2383 Oper m is: Check ared claim:	aim it is. Do not list clanpriority unsecured conpriority unsecured conpensations and the control of the contro	aims already includaims fill out the C	ded in Part 1 ontinuation P	. If more Page of
3. [[4. L	On any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit to Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2. Amex Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other stalphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be creditors in Part 4. If you have more to be c	who holds at type of claim three not another 2383 Oper m is: Check ared claim:	aim it is. Do not list clanpriority unsecured conpriority unsecured conpensations and the control of the contro	aims already includaims fill out the C	ded in Part 1 ontinuation P	. If more Page of

Debto Debto	r 1 Marco Antonio Henry r 2 Elizabeth Arraiz-Henry		Case number (if know) 16-5	1736-mlo
4.2	Amex	Last 4 digits of account number	6913	\$15,806.00
	Nonpriority Creditor's Name			Ψ10,000.00
	Po Box 297871 Fort Lauderdale, FL 33329	When was the debt incurred?	Opened 05/04 Last Active 10/02/15	•
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you	did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	I	
4.3	Bk Of Amer	Last 4 digits of account number	3490	\$3,873.00
	Nonpriority Creditor's Name		One and 04/00 Least Active	
	Po Box 982238 El Paso, TX 79998	When was the debt incurred?	Opened 04/08 Last Active 7/13/16	·
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you	did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	l	
4.4	Capital One	Last 4 digits of account number	8777	\$4,355.00
	Nonpriority Creditor's Name		One and 04/00 Least Active	
	Po Box 30253 Salt Lake City, UT 84130	When was the debt incurred?	Opened 04/08 Last Active 4/07/16	·
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you	did not
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Credit Card

Page 3 of 7

	r 1 Marco Antonio Henry r 2 Elizabeth Arraiz-Henry		Case number (if know) 16-51736-mlo						
4.5	CBCS	Last 4 digits of account number	7294	\$309.98					
	Nonpriority Creditor's Name PO Box 163333 Columbus, OH 43216-3333	When was the debt incurred?	2016						
	Number Street City State Zlp Code	As of the date you file, the claim							
	Who incurred the debt? Check one.								
	☐ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	■ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	Yes	Other. Specify General Ur	secured						
4.6	Chase Card	Last 4 digits of account number	4209	\$475.00					
	Nonpriority Creditor's Name		Opened 11/95 Last Active						
	Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	8/02/16						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated	·						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure							
	Check if this claim is for a community	Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not						
	No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	Yes								
	□ Yes	Other. Specify Check Cree	uit Of Life Of Gredit						
4.7	Citi	Last 4 digits of account number	5977	\$64,037.00					
	Nonpriority Creditor's Name Po Box 6241	When was the debt incurred?	Opened 06/01 Last Active 8/20/15						
	Sioux Falls, SD 57117								
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply						
	Debtor 1 only	Пол							
		☐ Contingent☐ Unliquidated							
	Debtor 2 only								
	Debtor 1 and Debtor 2 only	d claim:							
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans							
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not						
	No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	☐ Yes		- :						
	□ 1eS	Other. Specify Credit Card	4						

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor Debtor	1 Marco Antonio Henry 2 Elizabeth Arraiz-Henry		Case number (if know) 16-51736-	mlo			
4.8	Fnb Omaha Nonpriority Creditor's Name	Last 4 digits of account number	4806	\$6,539.00			
	Po Box 3412 Omaha, NE 68103	When was the debt incurred?	_				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?		d claim: ration agreement or divorce that you did not				
	■ No	report as priority claims Debts to pension or profit-sharir					
	Yes	Other. Specify Credit Card		_			
4.9	paypal credit Nonpriority Creditor's Name	Last 4 digits of account number	2927	\$673.00			
	P.O Bxo 105658 Atlanta, GA 30348	When was the debt incurred?	2016	_			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify General Un	secured	_			
4.1	US Bank National Association Nonpriority Creditor's Name	Last 4 digits of account number	8693	\$19,191.00			
	Attn: Bankruptcy Dept PO Box 5229	When was the debt incurred?	2015	-			
	Cincinnati, OH 45201 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing	g plans, and other similar debts				

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify General Unsecured

Dahtan 4	Maraa Am	tonia Hanny								
		tonio Henry Arraiz-Henry			Cas	se nu	mber (if know)	16-	51736-m	0
	saa Savin			Last 4 digits of account number	er 43	91			_	\$12,919.00
	npriority Cred Box 475			When was the debt incurred?	Or	nene	ed 01/13			
Sa	n Antonio	o, TX 78265				pone				
		City State ZIp Code		As of the date you file, the clai	m is: Ch	heck a	all that apply			
_		he debt? Check one.		_						
	Debtor 1 onl	•		Contingent						
_	Debtor 2 onl	-		☐ Unliquidated						
		Debtor 2 only		Disputed		•				
		of the debtors and another		Type of NONPRIORITY unsecu ☐ Student loans	irea ciai	ım:				
□ dek		s claim is for a community							P. L	
		bject to offset?		Obligations arising out of a sereport as priority claims	eparation	n agre	eement or divo	rce that yo	u did not	
	No			☐ Debts to pension or profit-sha	aring pla	ıns, ar	nd other similar	r debts		
	Yes			Other. Specify Credit Ca	ard					
Part 3:	List Others	s to Be Notified About a De	ebt Tł	at You Already Listed						
is trying to have more	o collect fro e than one c	m you for a debt you owe to s	omeo at you	your bankruptcy, for a debt than ne else, list the original creditor listed in Parts 1 or 2, list the ac omit this page.	r in Part	ts 1 o	r 2, then list tl	ne collecti	on agency	here. Similarly, if you
Name and A	ddress		On w	hich entry in Part 1 or Part 2 did y	ou list th	he ori	ginal creditor?			
IRS	70.40		Line	2.1 of (<i>Check one</i>):	Part	t 1: C	reditors with Pr	riority Unse	cured Claim	ns
PO Box 7 Philadeln		9101-5016			☐ Part	t 2: Cı	reditors with No	onpriority L	Insecured C	laims
			Last	4 digits of account number						
Name and A	d Group,	Inc.		hich entry in Part 1 or Part 2 did y 4.10 of (<i>Check one):</i>	☐ Part	t 1: C	reditors with Pr	-		
PO Box 3 Minneapo		5439			Part	t 2: C	reditors with N	onpriority L	Jnsecured C	laims
	J. 10.		Last	4 digits of account number						
Name and A				hich entry in Part 1 or Part 2 did y	ou list th	he ori	ginal creditor?			
US Attorn	ney il Divisior		Line	2.1 of (<i>Check one</i>):			reditors with Pi	•		
211 W. Fo	ort St., St				☐ Part	t 2: Cı	reditors with No	onpriority L	Insecured C	laims
Detroit, N	/II 48226		Last	4 digits of account number						
Part 4:	Add the Ar	mounts for Each Type of U	Insec	ured Claim						
	amounts of		aims.	This information is for statistica	al report	ting p	urposes only	. 28 U.S.C.	. §159. Add	the amounts for each
							То	tal Claim		
Tota	6a.	Domestic support obligation	ns		6a	1.	\$		0.00	
claims from Part 1	S	Tayon and cortain other debt	te vo	owe the government	C.L		¢	4.4	. 070 00	
HOIH Part	1 6b. 6c.	Taxes and certain other deb Claims for death or personal	-	=	6b 6c		\$ 	16	0.00 0.00	
	6d.	•	-	ed claims. Write that amount here			\$		0.00	
	6e.	Total Priority. Add lines 6a th	ırough	6d.	6e).	\$	16	5,070.00	
							То	tal Claim		
	6f.	Student loans			6f.		\$		0.00	

from Part 2

Total claims

Schedule E/F: Creditors Who Have Unsecured Claims

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

Other. Add all other nonpriority unsecured claims. Write that amount

Page 6 of 7

6g.

6h.

6i.

0.00

0.00

0.00

150,635.98

6g.

6h.

6i.

Debtor 1 Debtor 2 Marco Antonio Henry Elizabeth Arraiz-Henry Case number (if know) 16-51736-mlo

here.

6j. Total Nonpriority. Add lines 6f through 6i. 6j. \$ 150,635.98

Fill in this inform	mation to identify your	case:			
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2	Elizabeth Arraiz-H	lenry			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN					
Case number	16-51736-mlo				
(if known)					Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1			·		
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Fill in this	s information to identify your	case:			
Debtor 1	Marco Antonio Ho		Last Nama		
Debtor 2		Middle Name	Last Name		
(Spouse if, fili	ing) Elizabeth Arraiz-h	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN		
Case num	nber 16-51736-mlo				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
		abtara			
Sched	dule H: Your Cod	eptors			12/15
fill it out, a your name		boxes on the left. Atta . Answer every question	ch the Additional Page t on.	o this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
■ No					
☐ Yes					
Arizor	thin the last 8 years, have you na, California, Idaho, Louisiana, . Go to line 3. s. Did your spouse, former spou	Nevada, New Mexico, F	euerto Rico, Texas, Washi		
in line Form	e 2 again as a codebtor only i	f that person is a guara	intor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	D.Codo			editor to whom you owe the debt
	Name, Number, Street, City, State and Zi	P Code		Check all schedul	es that apply:
3.1				_ Schedule D, lin	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
-	Number Street			<u> </u>	
	City	State	ZIP Code		
3.2				□ Sabadula D. lin	
J.Z	Name			_ ☐ Schedule D, lir ☐ Schedule E/F,	
				☐ Schedule C,I ir	
-	Number Street			_	
	City	State	ZIP Code		

Fill	in this information to	o identify your c	ase:								
Del	btor 1	Marco Anto	nio Henry								
	btor 2 buse, if filing)	Elizabeth Ar	rraiz-Henry			_					
Uni	ited States Bankrupt	cy Court for the	EASTERN DISTRICT	OF MICHIGAN							
Case number (If known)						☐ An		ed filing ent showin	ng postpetitior ollowing date		
0	fficial Form	106I					MM	1 / DD/ Y	YYY		
S	chedule I: `	Your Inc	ome								12/15
sup spo atta	plying correct info use. If you are sep ch a separate shee	rmation. If you arated and you	sible. If two married peo are married and not filli Ir spouse is not filling wi On the top of any additi	ng jointly, and your th you, do not inclu	spouse ide infor	is liv mati	ring with yo on about y	ou, inclu our spo	ude inforr ouse. If m	mation about ore space is	t your needed,
1.	Fill in your emplo	oyment		Debtor 1				Debtor 2	or non-fi	iling spouse	
	If you have more t	han one job,		☐ Employed				☐ Employed			
	attach a separate information about	page with	Employment status	■ Not employed	Not employed			■ Not employed			
	employers.		Occupation	Self-Employed				Self-Em	ployed		
	Include part-time, self-employed wor		Employer's name								
	Occupation may ir or homemaker, if i		Employer's address								
			How long employed to	here?				_			
Pai	rt 2: Give Det	ails About Mor	nthly Income								
	imate monthly inco use unless you are s		ate you file this form. If	you have nothing to r	report for	any	line, write \$	0 in the	space. In	clude your no	n-filing
	ou or your non-filing se space, attach a se		ore than one employer, co this form.	ombine the information	on for all	empl	oyers for th	at perso	on on the li	ines below. If	you need
							For Debto	or 1		btor 2 or ing spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$		0.00	\$	0.00	_
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	0.00	_
4.	Calculate gross I	ncome. Add lir	ne 2 + line 3		4	\$	0	00	\$	0.00	

Case number (if known)

16-51736-mlo

				For	Debtor 1		ebtor 2 or ling spouse
	Сору	line 4 here	4.	\$	0.00	\$	0.00
5.	List a	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00
	5e.	Insurance	5e.	\$_	0.00	\$	0.00
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00
	5g.	Union dues	5g.	\$_	0.00	\$	0.00
	5h.	Other deductions. Specify:	5h.+	· ·	0.00 +	·	0.00
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00
8.	List a	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	4,048.00	\$	0.00
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00
	8c. 8d. 8e.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8c. 8d. 8e.	\$ \$	0.00 0.00 0.00	\$ \$ \$	0.00 0.00 0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00
	8h.	Other monthly income. Specify:	8h.+	- \$	0.00 +	\$	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,048.00	\$	0.00
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$		4,048.00 + \$	(0.00 = \$ 4,048.00
11.	Includ other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your of friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a lify:	depen	•			nedule J. 11. +\$0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$ 4,048.00 Combined
13.		ou expect an increase or decrease within the year after you file this form?	•				monthly income
		Yes. Explain:					

Marco Antonio Photography, LLC PROFIT AND LOSS

March - August, 2016

	TOTAL
Income	
4100 Photography Fees	720.00
4180 Seniors	665.00
4190 Wedding	17,200.00
4191 Albums	5,950.00
4192 Prints/Canvas Wraps/Cards	670.01
Total 4100 Photography Fees	25,205.01
4400 Sales Discounts	-270.00
Sales of Product Income	6,225.00
Services	1,415.00
Uncategorized Income-1	100.00
Total Income	\$32,675.01
Cost of Goods Sold	
5300 Subcontract Services	107.62
5400 Postage & Delivery	267.98
5600 Photo Supplies	
5610 Albums	1,155.34
5630 Frames	172.63
5660 Printing & Reproduction	752.92
5690 Other	37.18
Total 5600 Photo Supplies	2,118.07
5800 Software Fees	161.74
5900 Merchant Fees	1,068.68
5910 Travel & Entertainm't	
5912 Hotel	1,356.00
5913 Meals	346.48
5914 Travel	1,124.13
Total 5910 Travel & Entertainm't	2,826.61
Total Cost of Goods Sold	\$6,550.70
Gross Profit	\$26,124.31
Expenses	
6140 Automobile Expenses	321.00
6141 Gas	753.16
6142 Auto Insurance	400.55
6145 Repairs	599.61
6147 Tolls & Parking	1.15
Total 6140 Automobile Expenses	2,075.47
6160 Bank Charges	55.00
6180 Cable & Internet Service	160.00
6195 Charitable Contributions	50.00
orde originable continuations	

	TOTAL
6290 Insurance	
6294 Life Insurance	888.60
Total 6290 Insurance	888.60
6370 Office Expenses	1,355.21
6421 Professional Development	1,360.00
6422 Hotel	108.00
6423 Meals	394.31
6424 Travel	1,869.67
Total 6421 Professional Development	3,731.98
6450 Repairs & Maintenance	
6451 Bldg	104.98
6455 Landscaping	445.58
6456 Security	91.50
Total 6450 Repairs & Maintenance	642.06
6460 Subcontracted Services	
6463 Retouching	567.75
Total 6460 Subcontracted Services	567.75
6480 Taxes	200.00
6510 Telephone	89.70
6512 Cellular	965.97
6514 Online Fax	21.28
Total 6510 Telephone	1,076.95
6540 Uniforms	252.05
Uncategorized Expense	28.23
Total Expenses	\$11,907.69
Net Operating Income	\$14,216.62
Other Expenses	
Reconciliation Discrepancies	-200.00
Total Other Expenses	\$ -200.00
Net Other Income	\$200.00
Net Income	\$14,416.62

Wednesday, Aug 31, 2016 02:28:02 PM PDT GMT-4 - Accrual Basis

Fizara, LLC PROFIT AND LOSS March - August, 2016

	TOTAL
Income	
4000 Sales	36,786.21
4050 Shipping and Handling	125.38
Total 4000 Sales	36,911.59
PayPal Income	7,532.86
Total income	\$44,444.45
Cost of Goods Sold	
5000 Cost of Goods Sold	
5020 Flush Mount Albums	20,535.25
5023 Supplies & Materials - COGS	529.75
5024 Design Service	50.00
5030 Freight	1.15
Total 5000 Cost of Goods Sold	21,116.15
Total Cost of Goods Sold	\$21,116.15
Gross Profit	\$23,328.30
Expenses	
6130 Bank Service Charges	60.00
6160 Dues and Subscriptions	376.69
6180 Insurance	
6185 Health Insurance	3,354.15
Total 6180 Insurance	3,354.15
6235 Marketing & Advertising	484.95
6236 Bridal Shows	133.30
6237 Services	6,887.72
6238 Websites	3,794.21
Total 6235 Marketing & Advertising	11,300.18
6240 Merchant Fees	1,432.03
6300 Office Expenses	304.86
6310 Office Supplies	97.14
Total 6300 Office Expenses	402.00
6565 Professional Development	231.60
6566 Travel	39.57
Total 6565 Professional Development	271.17
6600 Rent	210.00
6650 Software	297.00
6651 Licensing	472.50
Total 6650 Software	769.50
6680 Telephone	480.47

TOTAL
\$18,880.03
\$4,448.27
\$4,448.27

Wednesday, Aug 31, 2016 02:31:22 PM PDT GMT-4 - Cash Basis

Debtor 1		in this inform	ation to identify yo	our case:			1		
Debtor 2 Elizabeth Arraiz-Henry					1		Ch	eck if this is:	
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Official Form 106J Schedule J: Your Expenses 12/15 Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No. Go to line 2. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No. Do not list Debtor 1 and Yes. Fill out this information for Debtor 2. Do not list Debtor 1 and Yes. Fill out this information for Debtor 2. Do not state the dependents names. No. Yes. No.			Marco Antoi	no riemy	<u>'</u>			An amended filing	
Case number 16-51736-milo (If known) Comparison 16-51736-milo Compa		Lizabeth Artaiz Herry							
Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Batt I: Describe Your Household I is this a joint case? No. Go to line 2 Yes. Does Debtor 2 live in a separate household? No. On to list Debtor 1 and Pyes, Fill out this information for each dependent. Do not list Debtor 1 and Oberor 2. Do not list Debtor 1 and Oberor 2. Do not state the dependents annes. Per Statimete Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses Father Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses Father Your Expenses as of your bankruptry lining date unless you are using this form as a supplement in a Chapter 13 case to report expenses of people other than yourself and your dependent of your date unless you are using this form as a supplement in a Chapter 13 case to report expenses of people other than yourself and your dependent of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 1061) 4. \$ 0.000 4. \$ 0.000 4. \$ 0.000 4. \$ 0.000 4. \$ 0.000 4. Hone maintenance, repair,	Unite	ed States Bank	kruptcy Court for the	EASTE	RN DISTRICT OF MICHIG	GAN		MM / DD / YYYY	
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household No			6-51736-mlo						
Ea as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Answer every question.	Of	ficial Fo	orm 106J				-		
Ea as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Answer every question.	Sc	chedule	J: Your	Exper	nses				12/1
1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Go to line 2. No. Go to line 2. No. Go to line 2. No. Go you have dependents? No. Do not list Debtor 1 and Pes. Fill out this information for each dependent	Be a	as complete ormation. If r	and accurate as	possible.	. If two married people ar ich another sheet to this				
No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Go to line 2. No. Go to line 4. N				hold					
Yes. Does Debtor 2 live in a separate household? No	١.	_							
Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Prili out this information for each dependent		_		in a separ	ate household?				
Do not list Debtor 1 and				st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2.	
Do not list Debtor 1 and	2.	Do you hay	ve dependents?	■ No					
dependents names. Yes No No Yes Yes No Yes		Do not list [•	_					
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106i.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. \$ 0.00 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 75.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00		Do not state	e the						□ No
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. S 0.000		dependents	s names.						
No Yes No Yes No Yes No Yes No Yes Yes No Yes									
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. Real estate taxes 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. \$ 0.00 4d. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues									•
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2:								_	
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. \$ 0.00 4d. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 150.00									— · · · ·
expenses of people other than yourself and your dependents? Part 2:	3.	Do vour ex	penses include	_	No				⊔ Yes
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 75.00 4d. Homeowner's association or condominium dues		expenses	of people other t	han \square					
expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 0.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Homeowner's association or condominium dues	Part	t 2: Estir	nate Your Ongoi	ng Monthl	ly Expenses				
the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 0.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 4d. \$ 0.00	exp	enses as of	a date after the						
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 4d. \$ 0.00	the	value of suc	ch assistance an					Your exp	penses
payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4. \$ 0.00 4a. \$ 0.00 4b. \$ 0.00 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00	(OII	iciai Form i	061.)					i oui oxp	
4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 75.00 4d. \$ 0.00	4.					nclude first mortgag	e 4.	\$	0.00
4b.Property, homeowner's, or renter's insurance4b. \$0.004c.Home maintenance, repair, and upkeep expenses4c. \$75.004d.Homeowner's association or condominium dues4d. \$0.00		If not inclu	ded in line 4:						
4b.Property, homeowner's, or renter's insurance4b. \$0.004c.Home maintenance, repair, and upkeep expenses4c. \$75.004d.Homeowner's association or condominium dues4d. \$0.00		4a. Real	estate taxes				4a.	\$	0.00
4d. Homeowner's association or condominium dues 4d. \$ 0.00		4b. Prop	erty, homeowner's				4b.	\$	
·				•				·	
	5.					me equity loans		· ·	

Official Form 106J Schedule J: Your Expenses
16-51736-mlo Doc 11 Filed 09/01/16 Entered 09/01/16 09:18:00 Page 31 of 40

	otor 1 otor 2	Marco Antonio Henry Elizabeth Arraiz-Henry	Case num	ber (if known)	16-51736-mlo
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	350.00
	6b.	Water, sewer, garbage collection	6b.	\$	65.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	l and housekeeping supplies	7.	\$	600.00
8.	Child	dcare and children's education costs	8.	\$	0.00
9.		ning, laundry, and dry cleaning	9.	\$	75.00
		onal care products and services	10.	·	60.00
		cal and dental expenses	11.	\$	75.00
12.		sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	200.00
13		rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	75.00
		itable contributions and religious donations	14.	·	0.00
	Insu	<u> </u>	14.	¥	0.00
13.		ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.	\$	0.00
	15b.	Health insurance	15b.	\$	0.00
	15c.	Vehicle insurance	15c.	\$	140.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
	Spec	·	16.	\$	0.00
17.		Illment or lease payments:		_	
		Car payments for Vehicle 1	17a.	·	0.00
		Car payments for Vehicle 2	17b.	· 	0.00
		Other. Specify:	17c.		0.00
		Other. Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
10		ncted from your pay on line 5, Schedule I, Your Income (Official Form 106I). It payments you make to support others who do not live with you.	10.	¢ ———	0.00
10.	Spec		19.	Ψ	0.00
20.		r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		our Income.	
_0.		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
		Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify:	21.	+\$	0.00
00	0-1-				
22.		ulate your monthly expenses			4 745 00
		Add lines 4 through 21.		\$	1,715.00
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
		Add line 22a and 22b. The result is your monthly expenses.		\$	1,715.00
23.		ulate your monthly net income.	00	œ.	4.040.55
		Copy line 12 (your combined monthly income) from Schedule I.	23a.		4,048.00
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	1,715.00
	23c	Subtract your monthly expenses from your monthly income.			
	200.	The result is your <i>monthly net income</i> .	23c.	\$	2,333.00
24.	For ex	ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you ication to the terms of your mortgage?			ase or decrease because of a

■ No.

☐ Yes.

Explain here: The debtors' company pays for Debtor's cell phones, internet, life insurance, health insurance, business gas expenses.

Schedule J: Your Expenses
Filed 09/01/16 Entered 09/01/16 09:18:00 Page 32 of 40 Official Form 106J 16-51736-mlo Doc 11

Fill in this infor	mation to identify your	case:		
Debtor 1	Marco Antonio He	enry		
	First Name	Middle Name	Last Name	
Debtor 2	Elizabeth Arraiz-H	lenry		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number	16-51736-mlo			
(if known)				☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NO	T an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have react that they are true and correct. X /s/ Marco Antonio Henry Marco Antonio Henry Signature of Debtor 1	X /s/ Elizabeth Arraiz-Henry Elizabeth Arraiz-Henry Signature of Debtor 2

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill	in this inforn	nation to identify yo	ur case:			
Del	btor 1	Marco Antonio	Henry			
		First Name	Middle Name	Last Name		
1	btor 2 buse if, filing)	Elizabeth Arrai	z-Henry Middle Name	Last Name		
Uni	ited States Bai	nkruptcy Court for the	EASTERN DISTRICT O	F MICHIGAN		
Cas	se number 1	16-51736-mlo				
(if kr	nown)					Check if this is an
						amended filing
	ficial Fo					
Sta	atement	of Financial	Affairs for Indivi	duals Filing for E	ankruptcy	4/10
info	rmation. If m	ore space is needed n). Answer every qu	d, attach a separate sheet to	are filing together, both are this form. On the top of an u Lived Before		
1.	What is you	current marital sta	tus?			
	■ Married					
	■ Married □ Not mar	ried				
2.			u lived anywhere other than	where you live now?		
	Daning the it	acto yours, navo yo	a nivou unij irrioro omor man	. miloto you mio nom .		
	■ No					
	☐ Yes. Lis	t all of the places you	lived in the last 3 years. Do r	not include where you live nov	V.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
3. state				egal equivalent in a commur evada, New Mexico, Puerto R		
	■ No					
	☐ Yes. Ma	ike sure you fill out So	chedule H: Your Codebtors (C	Official Form 106H).		
Par	rt 2 Explai	n the Sources of Yo	our Income			
4.	Fill in the total	l amount of income y	ou received from all jobs and	ng a business during this yeall businesses, including part ve together, list it only once un	-time activities.	endar years?
	■ No					
	_	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Debtor 2		Marco Antonio Henry Elizabeth Arraiz-Henry					Ca	ase number (if known)	16-51736-mlo			
5.	Include and o	you receive any other income during this year or the two previous calendar years? de income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery ings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.										
	List e	ach s	ource and	the gross inc	ome from e	each source sepa	rately. Do	not include income	e that you listed in lin	e 4.		
■ No												
			Fill in the d	etails.								
					Debtor 1				Debtor 2			
						of income	each (befo	ss income from a source ore deductions and usions)	Sources of inc Describe below		Gross income (before deductions and exclusions)	
Pa	rt 3:	List	Certain Pa	ayments You	ı Made Bef	ore You Filed fo	r Bankru	ptcy				
6.	_		Debtor 1's	s or Debtor 2 ebtor 1 nor I	2's debts p Debtor 2 ha	rimarily consum	er debts' sumer de	? ebts. Consumer de	bts are defined in 11	U.S.C. § 10	1(8) as "incurred by an	
			During the	90 days before to line	•	d for bankruptcy,	did you pa	ay any creditor a to	otal of \$6,425* or mo	re?		
			☐ Yes	paid that con not include	reditor. Do payments	not include paymeto an attorney for	ents for de this bank	omestic support ob ruptcy case.		ild support a	nd alimony. Also, do	
* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?												
			■ No.	Go to line	7.							
		☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.										
	Crec	ditor's	s Name an	d Address		Dates of payn	nent	Total amount paid	Amount you still owe	Was this p	payment for	
7.	Inside of wh a bus alimo	ers in ich yo siness ony.	clude your ou are an o	relatives; any fficer, directo	general par, person in	artners; relatives of control, or owner	of any ger r of 20% c	neral partners; part or more of their voti		u are a gene ny managing	ral partner; corporation agent, including one fo	
	■ No □ Yes. List all payments to an insider.											
	Insid	der's	Name and	Address		Dates of payn	nent	Total amount paid	Amount you still owe	Reason fo	or this payment	
В.	insid	er?		-	-	cy, did you make		ments or transfer	any property on a	count of a	debt that benefited an	
	_	No Yes. I	ist all navr	nents to an ir	nsider							
			Name and		.5.401	Dates of payn	nent	Total amount paid	Amount you still owe		or this payment	
								Pa. 0	2			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	btor 1 btor 2	Marco Antonio Henry Elizabeth Arraiz-Henry			Case number (i	f known)	16-51736-r	nlo
Pai	rt 4:	Identify Legal Actions, Repossess	ions, a	and Foreclosures				
).	List a	in 1 year before you filed for bankru Il such matters, including personal inj ications, and contract disputes.						
		No Yes. Fill in the details.						
		e title e number	N	lature of the case	Court or agency		Status of th	e case
10.		n 1 year before you filed for bankru k all that apply and fill in the details be		was any of your prope	rty repossessed, foreclosed,	garnisl	ned, attached	, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.						
	Crec	litor Name and Address		escribe the Property		Date		Value of the property
11.	acco	in 90 days before you filed for bank unts or refuse to make a payment k No	ruptcy	, did any creditor, inclu	uding a bank or financial inst	itution,	set off any a	mounts from your
		Yes. Fill in the details. Iitor Name and Address	D	escribe the action the	creditor took	Date a	action was	Amount
						taken		
12.	court	in 1 year before you filed for bankru -appointed receiver, a custodian, o No Yes			ty in the possession of an a	ssignee	or the bene	iii oi creditors, a
	rt 5:	List Certain Gifts and Contribution						
13.		in 2 years before you filed for bank No Yes. Fill in the details for each gift.	ruptcy	, did you give any gifts	with a total value of more th	an \$600) per person?	•
		s with a total value of more than \$60 person	00	Describe the gifts		Dates the gif	you gave fts	Value
		son to Whom You Gave the Gift and ress:	I					
14.		n 2 years before you filed for bank			or contributions with a total	value c	of more than	\$600 to any charity?
	Gifts more Chai	Yes. Fill in the details for each gift or one of the contributions to charities that the than \$600 rity's Name ress (Number, Street, City, State and ZIP Codes	total	Describe what you	contributed	Dates contri		Value
Pai	rt 6:	List Certain Losses						
15.		in 1 year before you filed for bankrumbling?	iptcy c	or since you filed for ba	nkruptcy, did you lose anyth	ning bed	cause of theft	, fire, other disaster
	_	No -						
	Desc	Yes. Fill in the details. cribe the property you lost and the loss occurred	Includ		verage for the loss ance has paid. List pending f Schedule A/B: Property.	Date o	of your	Value of property lost

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Part 7: List Certain Payments or Transfers

ıaı	List Gertain Layments of Transiers								
6.	Nithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.								
	□ No								
	Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and v transferred	alue of any prope	rty	Date payment or transfer was made	Amount of payment			
	Thav Gross, P.C. 30150 Telegraph Rd. Ste. 444 Bingham Farms, MI 48025				8/23/16	\$200.00			
	ClearPoint Credt Counseling Solutions				8/22/16	\$20.00			
17 .	promised to help you deal with your creditors. Do not include any payment or transfer that you No	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.							
	Yes. Fill in the details.								
	Person Who Was Paid Description and value of any property transferred				Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.								
	■ No □ Yes. Fill in the details.								
	Person Who Received Transfer Address				any property or received or debts	Date transfer was made			
	Person's relationship to you				· ·				
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-protein No		y property to a sel	lf-settled tru	st or similar device	of which you are a			
	Yes. Fill in the details.								
	Name of trust	Description and v	alue of the proper	ty transferre	ed	Date Transfer was made			
Par	rt 8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and Stora	ge Units					
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred?	, were any financial ac	counts or instrum	ents held in	your name, or for you	our benefit, closed,			
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No								
	Yes. Fill in the details.								
		Last 4 digits of account number	Type of account instrument	clo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Marco Antonio Henry Debtor 2 Elizabeth Arraiz-Henry

Case number (if known) 16-51736-mlo

21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?					
22.	Have you stored property in a storage unit or p	place other than your home within 1	year before you filed for bankruptcy	?					
	No No								
	Yes. Fill in the details.	Who also has an had assess	December the company	Da atill					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?					
Par	19: Identify Property You Hold or Control for	r Someone Else							
23.	Do you hold or control any property that some for someone.	eone else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust					
	■ No								
	☐ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value					
Par	t 10: Give Details About Environmental Inform	nation							
For	the purpose of Part 10, the following definitions	s apply:							
	Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, ground							
	Site means any location, facility, or property at to own, operate, or utilize it, including disposa		aw, whether you now own, operate, o	or utilize it or used					
	Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or		waste, hazardous substance, toxic s	substance,					
Rep	ort all notices, releases, and proceedings that y	you know about, regardless of when	they occurred.						
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environme	ental law?					
	■ No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of an	y release of hazardous material?							
	■ No								
	☐ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
		,							

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Marco Antonio Henry 16-51736-mlo Debtor 2 **Elizabeth Arraiz-Henry** Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ■ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed EIN: Marco Antonio Photography, LLC Photography business 20-8148312 37599 Ryan Road From-To 2007-Present Sterling Heights, MI 48310 **Greg Meehan** Online photo products business Fizara, LLC 27-3239196 37599 Ryan Road From-To 2010-Present Sterling Heights, MI 48310 **Greg Meehan** Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Marco Antonio Henry /s/ Elizabeth Arraiz-Henry **Elizabeth Arraiz-Henry Marco Antonio Henry** Signature of Debtor 1 Signature of Debtor 2 Date August 31, 2016 Date August 31, 2016

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

Official Form 107

■ No

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6 Best Case Bankruptcy

	Marco Antonio Henry Elizabeth Arraiz-Henry		Case number (if known)	16-51736-mlo	
□ Yes. Na	me of Person	. Attach the Bankruptcy Petition Preparer's Notice, Decla	aration, and Signature (Officia	al Form 119).	